

Michigan Department of Human Services

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ authorize the Department of Human Services (DHS) to release otherwise confidential information to Senator/Representative _____, or his or her designee, related to my case record, unless otherwise restricted by state or federal law. The case record information for which I am providing this authorization includes:

Please provide a brief description of the issue.

DHS Programs needing information on (please check those that apply):

<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Cash Assistance	<input type="checkbox"/> Medicaid
<input type="checkbox"/> State Emergency Relief	<input type="checkbox"/> State Disability	<input type="checkbox"/> Child Day Care
<input type="checkbox"/> Adult Services	<input type="checkbox"/> Other	

Constituent Information:

Name _____

Case # _____

Address _____

Phone Number _____

Constituent Signature _____ Date: _____

Please note - the Department is not able to share case specific information on Children's Protective Services, Foster Care, Adoption or Child Support.